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CONFIRMATION NO. 6078

<b>SERIAL NUMBER</b> 10/706,852	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 329575
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/478,830 06/17/2003 and is a CIP of 10/314,330 12/09/2002  
 which is a CON of 09/965,796 10/01/2001  
 which is a CON of 09/307,816 05/10/1999 PAT 6,306,393  
 This application 10/706,852  
 is a CIP of 10/350,096 01/24/2003  
 which is a CON of 09/590,284 06/09/2000 PAT 7,074,403  
 This application 10/706,852  
 is a CIP of 10/377,122 03/03/2003  
 which claims benefit of 60/360,259 03/01/2002.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* (none) KAC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 13	TOTAL CLAIMS 125	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS  
 35657

## TITLE

Anti-CD74 immunoconjugates and methods

<b>FILING FEE RECEIVED</b> 1395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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